

Compliments Dr Gordon Buck

REPORT OF A CASE

OF

Congenital Hypertrophy of the Under Lip,

SUCCESSFULLY TREATED BY SURGICAL OPERATIONS.

By GORDON BUCK, M. D.,

Visiting Surgeon to New York Hospital and the Presbyterian Hospital, Consulting Surgeon to
Roosevelt Hospital and St. Luke's Hospital.

Reprinted from the Transactions of the New York State Medical Society
for the Year 1872.

ALBANY:
THE ARGUS COMPANY, PRINTERS.
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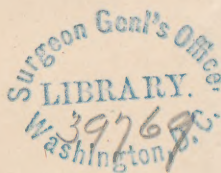
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ARTICLE XII.

A case of Congenital Hypertrophy of the under lip, successfully treated by surgical operations, by GORDON BUCK, M. D., Visiting Surgeon to New York Hospital and the Presbyterian Hospital, Consulting Surgeon to Roosevelt Hospital and St. Luke's Hospital.

Thomas P. A., aged twenty-five, a native of England, and one of a family of fourteen brothers and sisters, all of whom are in good health, a printer by trade, and resident of the United States since he was three years old, was admitted into St. Luke's Hospital February 5, 1867. From birth his lower lip has been abnormally large, and the surface of the chin and both cheeks, where the beard grows, is maculated, of a raspberry color. This was attributed to a great fright his mother experienced prior to his birth from the sudden sight of a neighbor whose face was covered with blood from a wound of the lip. During youth and early manhood the parts underwent no special change, other than an apparent increase of the swelling of the lip and the redness of the neighboring surface during warm weather. While undergoing the hardships of military service on the western frontier in the late war, a fresh impetus was given to the growth of the lip, and it increased to double its previous size. In August, 1866, a number of operations were performed by Dr. Charles A. Pope, of St. Louis. They consisted in the introduction of heated needles into the hypertrophied tissue to the number of sixty, at various intervals, covering a period of six weeks. Inflammation and slight suppuration followed; the parts became more distended, and the permanent result, as patient believes, was rather detrimental, the lip remaining larger than before and retaining a sensation of numbness. He had also less control over its motions than before the operation. Nothing similar to his condition is known to have existed among his relatives. His condition at the time of admission into the hospital was as follows:

The raspberry discoloration occupies the surface on both sides of the face and chin where the beard grows. The lower lip, is more than double the thickness of the upper lip, and proportionately increased in all its other dimensions. It is pendulous, of a soft, flabby consistence, and free from pulsation. In its substance, small, hard knots are felt, which have existed only since the insertion of the hot needles. Simultaneous compression of both common carotids has no perceptible effect on the volume of the lip. (See Fig. 1.)

Anticipating copious hemorrhage in the performance of an operation upon the lip, clamps were devised for making compression at both angles of the mouth. They consisted of two steel blades half an inch wide, bent flatwise at right angles, and made to slide upon each other on their flattened surfaces by means of a screw. The vertical portion of the blades beyond the angle was two inches in length, and adapted not only to compress the lip proper, but the skin below the lip as far down as the edge of the jaw. In order to do this, an incision was made through the mucous membrane on the inside of the lip where it joins the bone, at a point below the angle of the mouth, to allow the end of the distal blade of the clamp to be forced down in contact with the periosteum as far as the edge of the jaw. The proximal blade was then screwed up and the included lip and skin below it were tightly compressed between the two blades. Both clamps having been adjusted in this manner, an operation was performed, with the aid of etherization, on the 27th of February, 1867, as follows:

OPERATION.

A letter-V-shaped patch, including about three-fifths of the under lip border, with its apex reaching far down below the chin, was removed. One of the clamps becoming loosened without any considerable hemorrhage occurring, it was evident that the clamps might have been entirely dispensed with. A single artery only, and that at the lower part of the wound, required a ligature. After dividing the mucous membrane on either side of the wound along the line of its reflection from the jaw, the opposite edges of the wound were brought together and secured in exact coaptation by five pin sutures inserted at equal distances from each other below the vermilion border, and wound with figure-of-eight turns of darning cotton. Between each pin suture a silver wire suture was added. Three fine thread sutures were inserted at the vermilion border of the lip, one of them on its buccal surface. No adhesive plaster was used. In order to destroy the raspberry discoloration of the face, which caused such a conspicuous disfigurement, a disc-shaped cautery iron, heated to redness, was applied to that portion of the surface situated above the angle of the jaw on both sides, and the application was immediately followed by compresses wet in ice water and frequently renewed.

28th. A moderate degree of inflammatory tumefaction has followed the operation. The cotton yarn was removed from the pins, and,

after allowing the subjacent constricted parts to recover themselves, fresh yarn was applied.

March 1st. Progress favorable. Removed two of the pins and changed the yarn on the others.

2d. Removed the remaining pins and some of the wire sutures.

3d. Removed all the remaining sutures. Primary union has taken place at all points. Applied strips of adhesive plaster to support the parts. Superficial eschars have separated from the burnt surfaces, leaving a healthy suppurating sore.

10th. The granulating surfaces have a healthy aspect, without any raspberry tint remaining.

Patient was readmitted into the hospital April 2d, after an absence of three weeks, in good condition. The lip, though much improved, retains still its original excess of thickness. The granulation growth on the right cheek is exuberant and considerably elevated above the neighboring surface. To repress the exuberant growth, solid caustic potassa was applied a single time, after which nitrate of silver in substance sufficed to regulate the growth.

A second operation was performed April 10th to reduce the excessive thickness of the under lip. An incision was carried along the entire length of the vermilion border, and a prism-shaped strip, including about one-third of the thickness of the lip, and penetrating deep into its substance, was excised. The edges of the wound were then brought together and secured by fine thread sutures inserted close together. This operation did well and produced a still further improvement in the lip. Anxious to return home, patient was discharged April 30th. The experimental treatment of the raspberry discoloration of the face, by an application of the actual cantery, had the desired effect of destroying the raspberry tint, but, in consequence of patient's absence during the healing process, the cicatricial surface, resulting from the burn, was not as smooth and even as it might have been under proper management.

Figure 2, which shows the patient's present condition, is from a photograph taken in January, 1872, five years after the operations. Dr. I. D. Beebe, of Hamilton, Madison county, N. Y., through whose kind services the photograph was obtained, in a letter to the author, says, that "were it not for the discoloration of the skin, which is considerable, no one would imagine he had had an operation on the lower lip, as the scar shows but very little."

NEW YORK, *March 9th*, 1872, 46 West }
Twenty-ninth street. }

